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PTO/SB/21 (04-04)
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TO THE MENT OF THE PARTY OF THE		Application Number	10/849						
TRANSMITTAL FORM		Filing Date	May 2	May 20, 2004					
		First Named Inventor	KRAU	KRAUSE					
(to be used for all correspondence after initia	al filing)	Art Unit	2839						
		Examiner Name	J. Duv	erne					
Total Number of Pages in This Submission	12	Attorney Docket Number	45164	,					
ENCLOSURES (Check all that apply)									
Fee Transmittal Form Fee Attached Amendment/Reply After Final Affidavits/declaration(s) Extension of Time Request Express Abandonment Request Information Disclosure Statement Certified Copy of Priority Document(s) Response to Missing Parts/ Incomplete Application	Rema	Drawing(s) Licensing-related Papers Petition Petition to Convert to a Provisional Application Power of Attorney, Revocation Change of Correspondence Add Terminal Disclaimer Request for Refund CD, Number of CD(s)	dress	to T Appp of A App (App (App) Pro Sta Oth	echnology eal Comn ppeals ar eal Comn peal Notice prietary Ir tus Letter	ure(s) (please			
under 37 CFR 1.52 or 1.53									
SIGN	ATURE	OF APPLICANT, ATTOR	NEY. C	R AGEN	T T				
SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT Firm or Individual name Signature Date December 8, 2005									
CERTIFICATE OF TRANSMISSION/MAILING									
I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below.									
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This collection of information is required by 37 CFR 1.5. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to 2 hours to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

PTO/SB/17 (12-04)

Fees Paid (\$)

Approved for use through 07/31/2006. OMB 0651-0032 U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE persons are required to respond to a collection of information unless it displays a valid OMB control number EHEALTHARM 8/2004 Complete if Known Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818). 10/849,533 Application Number **TRANSMIT** Filing Date May 20, 2004 For FY 2005 KRAUSE First Named Inventor J. Duverne **Examiner Name** Applicant claims small entity status. See 37 CFR 1.27 2839 Art Unit TOTAL AMOUNT OF PAYMENT (\$) 0.00Attorney Docket No. 45164 METHOD OF PAYMENT (check all that apply) Money Order | None | Check Credit Card Other (please identify): ✓ Deposit Account Deposit Account Number: 18-2220 Deposit Account Name: Roylance, Abrams, Berdo & Goodman, L.L.P. For the above-identified deposit account, the Director is hereby authorized to: (check all that apply) Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee Charge any additional fee(s) or underpayments of fee(s) ✓ Credit any overpayments under 37 CFR 1.16 and 1.17 WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038. **FEE CALCULATION** 1. BASIC FILING, SEARCH, AND EXAMINATION FEES **EXAMINATION FEES FILING FEES** SEARCH FEES Small Entity Small Entity **Small Entity** Fees Paid (\$) **Application Type** Fee (\$) Fee (\$) Fee (\$) Fee (\$) Fee (\$) Fee (\$) Utility 300 500 200 150 100 250 200 Design 100 100 130 50 65 Plant 200 100 300 150 160 80 Reissue 300 150 500 600 300 250 **Provisional** 200 100 0 0 2. EXCESS CLAIM FEES **Small Entity** Fee (\$) **Fee Description** Fee (\$) 50 Each claim over 20 or, for Reissues, each claim over 20 and more than in the original patent 25 Each independent claim over 3 or, for Reissues, each independent claim more than in the original patent 200 100 180 Multiple dependent claims **Total Claims** Fee Paid (\$) **Multiple Dependent Claims Extra Claims** Fee (\$) Fee (\$) Fee Paid (\$) HP = highest number of total claims paid for, if greater than 20 Indep. Claims Extra Claims Fee (\$) Fee Paid (\$) - 3 or HP = 0 0 HP = highest number of independent claims paid for, if greater than 3 3. APPLICATION SIZE FEE If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s). **Total Sheets Extra Sheets** Number of each additional 50 or fraction thereof Fee (\$) Fee Paid (\$) -100 =(round up to a whole number) x

SUBMITTED BY	7,1	1 ^		
Signature	Mus R. 1	tulir	Registration No. (Attorney/Agent) Reg. No. 44,941	Telephone (202) 659-9076
Name (Print/Type)	Marcus R. Mickney			Date December 8, 2005

Non-English Specification, \$130 fee (no small entity discount)

4. OTHER FEE(S)

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45164

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Application No.:

10/849,533

Confirmation No.: 5572

Applicant:

Krause et al.

Filed:

May 20, 2004

Group Art Unit:

2839

Examiner:

J. Duverne

Docket No.:

45164

Customer No.:

01609

For:

ELECTRICAL CONNECTOR HAVING

PISTON-CONTACT ELEMENT

AMENDMENT

Mail Stop Non-Fee Amendment Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450

Sir:

In response to the September 9, 2005 Office Action, please amend the aboveidentified application as follows:

Amendments to the Claims are reflected in the listing of claims that begins on page 3 of this paper.

Remarks/Arguments begin on page 6 of this paper.